



University of California
Ernest Orlando Lawrence
Berkeley National Laboratory

REQUEST FOR QUALIFICATIONS

Under sponsorship by the California Energy Commission (CEC), in support of the Public Interest Energy Research program (PIER), and in furtherance of the research activities related to its Department of Energy (DOE) prime contract, Lawrence Berkeley National Laboratory (LBNL) is leading an effort to launch a Demand Response Research Center (DRRC), further described in Exhibit A – Scope of Work, titled, “Demand Response Research Center, Program Development and Outreach Services” and Exhibit B, titled, “PIER Demand Response Research Center Plan.” The exhibits are provided for your information in responding to this Request for Qualifications (RFQ).

Please complete this voluntary RFQ, per the instructions provided, and submit your response via e-mail to: ASGraham@lbl.gov, or, by FAX to the attention of Andrew Graham, (510) 486-4673.

YOUR RESPONSE ON OR BEFORE APRIL 9, 2004 IS REQUIRED.

While this RFQ should contain the information necessary in preparing your response, should you have any questions, please submit them to Andrew Graham at the e-mail address provided. Responses will be directed only to the individual or organization submitting the question, unless the nature of the question or response warrants a response to all recipients of this RFQ at the discretion of LBNL.

INSTRUCTIONS: This is a RFQ, not Request for Proposal (RFP), and accordingly, no work or contract will be awarded based on your response. Responses are voluntary, and LBNL will not reimburse any costs incurred in preparing your response. This RFQ is intended to be used in identifying potential bidders best qualified for an RFP related to the DRRC, provided, however, this RFQ does not limit the rights available to LBNL in any way for establishing eligible bidders and conducting the RFP process.

Your response is limited to the RFQ questionnaire and up to an additional three (3) pages of general information supporting your responses to the questionnaire (one-sided, single-spaced, not less than 10-point font), and resumes of individuals within your organization not to exceed an additional five (5) pages.

Although encouraged, it is not required that you respond to all questions, but it is imperative that the information provided be accurate. By signing this RFQ, you attest to the accuracy of your response for your firm or organization. LBNL assumes no liability concerning release of any confidential information you include in your response, although reasonable measures will be taken to not disclose responses to unintended recipients.

QUESTIONNAIRE

SECTION I. ORGANIZATIONAL INFORMATION

A. Contact Information: Please provide contact information for all matters regarding this RFQ.

_____ First Name	_____ Last Name	_____ Firm or Organization Name	
_____ Telephone	_____ e-mail	_____ Street Address	
_____ FAX	_____ Web Address (if any)	_____ City and State	_____ Zip Code

B. Organizational Structure: Check (✓) the box that appropriately identifies the legal structure of your organization:

- ☐ Sole Proprietorship
☐ Partnership
☐ Corporation, Limited Liability Corporation or Partnership (LLC/LLP)
☐ Other (please specify): _____

C. Number of Employees: Check (✓) the box that identifies the approximate number of employees within your organization, averaged over the prior 12-month period (do not include subcontractors or temporary workers):

- | | |
|--|--|
| <input type="checkbox"/> One | <input type="checkbox"/> At least 25, but less than 50 |
| <input type="checkbox"/> More than one, but less than five | <input type="checkbox"/> At least 50, but less than 100 |
| <input type="checkbox"/> At least three, but less than ten | <input type="checkbox"/> At least one hundred, but less than 250 |
| <input type="checkbox"/> At least ten, but less than 25 | <input type="checkbox"/> More than 250 |

D. Principal Office and Offices: Identify the principal office for your organization, as well as any other major offices or work locations:

Principal office: _____
City and State

Other major office locations:

_____ City and State	_____ City and State
_____ City and State	_____ City and State

SECTION II. TECHNICAL INFORMATION

A. Marketplace Sectors: For each marketplace sector, provide the approximate percent of total revenues represented by the sector (combined responses must equal 100%).

Commercial or Private Sector	%	Local Government	%
Federal Government	%	Other (please specify)	
State Government	%		%

B. Work Activities: The tables below provide summary work activities and corresponding detailed work activities. For each summary work activity, assign the approximate percent of revenues represented by the activity. Allocate the assigned percent for each summary activity across the corresponding detailed work activities, so that the sum of the detailed activities equals the summary activity. Your combined response for the summary activities must equal 100%.

I. Summary Work Activity: Program development, management and administration	%	III. Summary Work Activity: Outreach, advertising and marketing	%
Detailed Work Activities:		Detailed Work Activities:	
<u>I.A.</u> Budgeting and scheduling (budget forecasting, tracking and reporting, schedule development and monitoring, etc.)	%	<u>III.A.</u> Delivery of external verbal and written communications to broad audiences, including promotion and outreach	%
<u>I.B.</u> Lower-tier contractor management and administration support (invoicing, monitoring, etc.)	%	<u>III.B.</u> Design and develop presentation materials, including brochures, newsletters, Web, and other media	%
<u>I.C.</u> Reporting and communications (status updates, meetings and coordination, etc.)	%	<u>III.C.</u> Other (please specify)	%

II. Summary Work Activity: Research	%	IV. Summary Work Activity: Other (please specify):	%
Detailed Work Activities:		Detailed Work Activities (specify):	
<u>II.A.</u> Energy efficiency or demand response	%	<u>IV.A.</u>	%
<u>II.B.</u> Energy policy	%	<u>IV.B.</u>	%
<u>II.C.</u> Other (please specify):	%	<u>IV.C.</u>	%

C. Work Experience: Have you previously or are you currently performing work for any of the following (check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Lawrence Berkeley National Laboratory | <input type="checkbox"/> Pacific Gas and Electric Company |
| <input type="checkbox"/> Other National Laboratories | <input type="checkbox"/> Southern California Edison |
| <input type="checkbox"/> Department of Energy | <input type="checkbox"/> Sempra (San Diego Gas and Electric) |
| <input type="checkbox"/> California Energy Commission | <input type="checkbox"/> Other utilities |
| <input type="checkbox"/> California Public Utilities Commission | <input type="checkbox"/> Major manufacturers located in California |

D. Project References: Provide the client sponsor and project title, and additional project information requested. You may further detail project references within the three (3) pages of general information that may be included in your response.

Client	Project Title	Authorized Budget	Start Date	End Date
		\$	/ /	/ /
		\$	/ /	/ /
		\$	/ /	/ /

E. Additional Information: Within the limit of three (3) pages provided for any additional information supporting your responses to this RFQ, include responses to the requests for additional information, below:

Provide a brief summary of prior individual or organizational experience in research related to demand response programs, highlighting your understanding of demand response as opposed to supply or demand-side management.

Briefly describe any experience you or your organization has had in supporting collaborative, multi-institutional programs, discussing your understanding of common obstacles and requirements for success.

Describe any prior business development, outreach, promotional or advertising you or your organization has performed, including a brief discussion of the objectives, outcomes, and role you fulfilled.

SECTION III. SIGNATURE

By signing this RFQ as an authorized representative of _____, you attest to the accuracy of the information provided to the best of your knowledge:

_____	_____	_____
Name (print)	Signature	Date